

Dear Senators HEIDER, Nuxoll, Bock, and
Representatives WOOD, Perry, Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Bureau of Occupational Licenses - Idaho Board of Midwifery:
IDAPA 24.26.01 - Rules of the Idaho Board of Midwifery (Docket No. 24-2601-1401) - Temporary and Proposed Rule.

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 07/21/2014. If a meeting is called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting on the enclosed rules is 08/18/2014.

The germane joint subcommittee may request a statement of economic impact with respect to a proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement, and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has been held.

To notify Research and Legislation, call 334-4834, or send a written request to the address on the memorandum attached below.



Jeff Youtz
Director

Legislative Services Office Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee
FROM: Principal Legislative Research Analyst - Brooke Brouman
DATE: July 01, 2014
SUBJECT: Bureau of Occupational Licenses - Idaho Board of Midwifery

IDAPA 24.26.01 - Rules of the Idaho Board of Midwifery (Docket No. 24-2601-1401) - Temporary and Proposed Rule

The Bureau of Occupational Licenses submits notice of temporary and proposed rulemaking on behalf of the Idaho Board of Midwifery. The Board states that the temporary and proposed rule is needed to conform with changes made to the Midwifery Practice Act by House Bill 438 that was passed by the 2014 Legislature. Negotiated rulemaking was not conducted. There is no negative fiscal impact to the state general fund.

The Board's temporary and proposed rule is consistent with changes made by House Bill 438 and is authorized pursuant to Sections 54-5504 and 54-5505, Idaho Code.

cc: Bureau of Occupational Licenses - Idaho Board of Midwifery
Tana Cory

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES

24.26.01 - RULES OF THE IDAHO BOARD OF MIDWIFERY

DOCKET NO. 24-2601-1401

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is July 1, 2014.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Section 54-5504, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than July 16, 2014.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

House Bill 438 passed by the 2014 Legislature, clarified and made changes to the Midwifery Practice Act that will benefit those families who choose to use midwifery services in Idaho. The rules of the Board need to be updated to conform with changes in statute.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1) (b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

House Bill 438 passed by the 2014 Legislature, clarified and made changes to the Midwifery Practice Act that will benefit those families who choose to use midwifery services in Idaho.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: NA

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: NA

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because the rules of the Idaho Board of Midwifery need to be updated to conform with House Bill 438, which passed in the 2014 legislative session.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: NA

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Cherie Simpson at 208 334-3233.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before July 23, 2014.

DATED this 6th day of June, 2014.

Tana Cory, Bureau Chief
Bureau of Occupational Licenses
700 W State St.
P O Box 83720
Boise, ID 83720-0063
Tel (208) 334-3233 / Fax (208) 334-3945

THE FOLLOWING IS THE TEMPORARY RULE AND THE PROPOSED TEXT
OF DOCKET NO. 24-2601-1401
(Only those Sections being amended are shown.)

010. DEFINITIONS (RULE 10).

01. **Board.** The Idaho Board of Midwifery as created in Section 54-5503, Idaho Code. (3-29-10)
02. **Bureau.** The Idaho Bureau of Occupational Licenses as prescribed in Section 67-2602, Idaho Code. (3-29-10)
03. **Client.** A woman under the care of a licensed midwife, as well as the woman's fetus and newborn child. (3-29-10)
04. **CPM.** A certified professional midwife; in other words, a person who is certified by NARM or any successor organization. (3-29-10)
- ~~05.~~ **Estimated Due Date.** The estimated date of delivery with a known date of conception, known date of last menstrual period, or first trimester ultrasound. (7-1-14)T
- ~~06.~~ **Licensed Health Care Provider.** A physician or physician assistant or an advanced practice registered nurse. (7-1-14)T
- ~~07.~~ **Licensed Midwife.** A person who holds a current license issued by the Board, who shall be designated "L.M." (3-29-10)
- ~~08.~~ **MEAC.** The Midwifery education accreditation council, the organization established in 1991 and recognized by the U.S. department of education as an accrediting agency for midwifery education programs and institutions. (3-29-10)
- ~~09.~~ **NARM.** The North American Registry of Midwives, the international certification agency that establishes and administers certification for the CPM credential. (3-29-10)
- ~~10.~~ **NACPM.** The National Association of Certified Professional Midwives, the national organization for certified professional midwives. (3-29-10)
- ~~11.~~ **Practice of Midwifery.** Providing maternity care for women and their newborns during the antepartum, intrapartum and postpartum periods. The postpartum period for both maternal and newborn care may not exceed six (6) weeks from the date of delivery. (3-29-10)

(BREAK IN CONTINUITY OF SECTIONS)

350. FORMULARY (RULE 350).

01. **Midwifery Formulary.** A licensed midwife may obtain and administer, during the practice of midwifery, the following: (3-29-10)
- a. Oxygen; (3-29-10)
- b. Oxytocin and cytotec as ~~is~~ postpartum antihemorrhagic agents; (~~3-29-10~~) (7-1-14)T

- c. Injectable local anesthetic for the repair of lacerations that are no more extensive than second degree; (3-29-10)
- d. Antibiotics to the mother for group b streptococcus prophylaxis consistent with the guidelines set forth in Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention; (~~3-29-10~~)(7-1-14)T
- e. Epinephrine to the mother administered via a metered dose auto-injector; (~~3-29-10~~)(7-1-14)T
- f. Intravenous fluids for stabilization of the woman; (3-29-10)
- g. Rho (d) immune globulin; (3-29-10)
- h. Vitamin K1; and (3-29-10)
- i. Eye prophylactics to the baby. (3-29-10)

02. Other Legend Drugs. During the practice of midwifery a licensed midwife may not obtain or administer legend drugs that are not listed in the midwifery formulary. Drugs of a similar nature and character may be used if determined by the Board to be consistent with the practice of midwifery and provided that at least one hundred twenty (120) days' advance notice of the proposal to allow the use of such drugs is given to the Board of Pharmacy and the Board of Medicine and neither Board objects to the addition of such drugs to the midwifery formulary. (3-29-10)

351. USE OF FORMULARY DRUGS (RULE 351).

A licensed midwife may use the drugs described in the midwifery formulary according to the following protocol describing the indication for use, dosage, route of administration and duration of treatment:

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Oxygen	Maternal/Fetal Distress	10-12 L/min. 10 L/min.	Bag and mask Mask	Until maternal/fetal stabilization is achieved or transfer to hospital is complete
	Neonatal Resuscitation	10-12 L/min. 10 L/min.	Bag and mask Mask	Until stabilization is achieved or transfer to a hospital is complete
Oxytocin (Pitocin)	Postpartum hemorrhage only	10 Units/ml	Intramuscularly only	1-2 doses Transport to hospital required if more than two doses are administered
Lidocaine HCl 2%	Local anesthetic for use during postpartum repair of lacerations or episiotomy	Maximum 50 ml	Percutaneous infiltration only	Completion of repair
Penicillin G (Recommended)	Group B Strep Prophylaxis	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in \geq 100 ml LR, NS or D ₅ LR	Birth of baby

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 4 hours until birth	IV in ≥ 100 ml NS or LR	Birth of baby
Cefazolin Sodium (drug of choice for penicillin allergy with low risk for anaphylaxis)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 8 hours	IV in ≥ 100 ml LR, NS or D ₅ LR	Birth of baby
Clindamycin Phosphate (drug of choice for penicillin allergy with high risk for anaphylaxis)	Group B Strep Prophylaxis	900 mg every 8 hours	IV in ≥ 100 ml NS (not LR)	Birth of baby
Epinephrine HCl 1:1000 (EpiPen)	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml pre-metered dose	Subcutaneously or intramuscularly	Every 20 minutes or until emergency medical services arrive Administer first dose then immediately request emergency services
Lactated Ringer's (LR) 5% Dextrose in Lactated Ringer's solution (D ₅ LR) 0.9% Sodium Chloride (NS) Sterile Water	To achieve maternal stabilization Reconstitution of antibiotic powder	1 - 2 liter bags First liter run in at a wide-open rate, the second liter titrated to client's condition As directed	Intravenously with ≥ 18 gauge catheter As directed	Until maternal stabilization is achieved or transfer to a hospital is complete Birth of Baby
<u>Cytotec (Misoprostol)</u>	<u>Postpartum hemorrhage only</u>	<u>800 mcg</u>	<u>Rectally is the preferred method</u> <u>Orally is allowed</u>	<u>1-2 doses</u> <u>Transport to hospital required if more than one dose is administered</u>

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Rho(d) Immune Globulin	Prevention of Rho (d) sensitization in Rho (d) negative women	300 mcg	Intramuscularly	Single dose at any gestation for Rho (d) negative, antibody negative women within 72 hours of spontaneous bleeding or abdominal trauma. Single dose at 26-28 weeks gestation for Rho (d) negative, antibody negative women Single dose for Rho (d) negative, antibody negative women within 72 hours of delivery of Rho (d) positive infant, or infant with unknown blood type
Vitamin K ₁	Prophylaxis for Vitamin K Deficiency Bleeding	1 mg	Intramuscularly	1 dose
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose

~~(3-29-10)~~(7-1-14)T

(BREAK IN CONTINUITY OF SECTIONS)

356. SCOPE AND PRACTICE STANDARDS.

A licensed midwife must adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care. (3-29-10)

01. NACPM Scope and Practice Standards. The Board adopts the Essential Documents of the National Association of Certified Professional Midwives as scope and practice standards for licensed midwives. All licensed midwives must adhere to these scope and practice standards during the practice of midwifery to the extent such scope and practice standards are consistent with the Board's enabling law, Chapter 55, Title 54, Idaho Code. (3-29-10)

02. Conditions for Which a Licensed Midwife May Not Provide Care. A licensed midwife may not provide care for a client with: (3-29-10)

a. A current history of any of the following disorders, diagnoses, conditions, or symptoms: (3-29-10)

i. Placental abnormality; (3-29-10)

ii. Multiple gestation, except that midwives may provide antepartum care that is supplementary to the medical care of the physician overseeing the pregnancy, so long as it does not interfere with the physician's recommended schedule of care; ~~(3-29-10)~~(7-1-14)T

- iii. Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first; (3-29-10)
- iv. Birth under thirty-seven ~~and zero-sevenths~~ (37 ~~0/7~~) weeks and ~~after beyond~~ forty-two ~~and zero-sevenths~~ (42 ~~0/7~~) ~~completed~~ weeks'-gestational age; or ~~(3-29-10)(7-1-14)T~~
- v. A body mass index of forty (40.0) or higher at the time of conception; (3-29-10)
- b. A past history of any of the following disorders, diagnoses, conditions, or symptoms: (3-29-10)
 - i. More than one (1) cesarean section, a cesarean section within eighteen (18) months of the ~~current delivery~~ ~~estimated due date~~ or any cesarean section that was surgically closed with a classical or vertical uterine incision; ~~(3-29-10)(7-1-14)T~~
 - ii. ~~Rh or other blood group or p~~Platelet sensitization, hematological or coagulation disorders; ~~(3-29-10)(7-1-14)T~~
 - iii. Prior chemotherapy or radiation treatment for a malignancy; (3-29-10)
 - iv. Previous pre-eclampsia resulting in premature delivery; (3-29-10)
 - v. Cervical insufficiency; ~~or~~ ~~(3-29-10)(7-1-14)T~~
 - vi. HIV positive status; ~~or~~ ~~(3-29-10)(7-1-14)T~~
 - vii. ~~Opiate use that places the infant at risk of neonatal abstinence syndrome.~~ (7-1-14)T

03. Conditions for Which a Licensed Midwife May Not Provide Care Without ~~Physician Health Care Provider~~ Involvement. A licensed midwife may not provide care for a client with a history of the disorders, diagnoses, conditions, or symptoms listed here in Subsection 356.03 unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a ~~physician licensed under Chapter 18, Title 54, Idaho Code licensed health care provider~~. Before providing care to such a client, the licensed midwife must notify the client in writing that the client must obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the licensed midwife. The licensed midwife must, additionally, obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are: ~~(3-29-10)(7-1-14)T~~

- a. Diabetes; (3-29-10)
- b. Thyroid disease; (3-29-10)
- c. Epilepsy; (3-29-10)
- d. Hypertension; (3-29-10)
- e. Cardiac disease; (3-29-10)
- f. Pulmonary disease; (3-29-10)
- g. Renal disease; (3-29-10)
- h. Gastrointestinal disorders; (3-29-10)
- i. Previous major surgery of the pulmonary system, cardiovascular system, urinary tract or gastrointestinal tract; (3-29-10)
- j. Current abnormal cervical cytology; (3-29-10)

- k. Sleep apnea; (3-29-10)
- l. Previous bariatric surgery; (3-29-10)
- m. Hepatitis; ~~or~~ (~~3-29-10~~)(7-1-14)T
- n. History of illegal drug use or excessive prescription drug use. For purposes of this Paragraph, “history” means a “current history,” and “illegal drug use” means “illegal drug abuse or addiction.”; or (~~3-29-10~~)(7-1-14)T
- o. Rh or other blood group disorders and a physician determines the pregnancy can safely be attended by a midwife. (7-1-14)T

04. Conditions for Which a Licensed Midwife Must Recommend Physician Involvement. Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed in this Subsection 356.04, a licensed midwife must provide written notice to the client that the client is advised to see a physician licensed under Chapter 18, Title 54, Idaho Code, or under an equivalent provision of the law of a state bordering Idaho, during the client’s pregnancy. Additionally, the licensed midwife must obtain the client’s signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are: (~~3-29-10~~)(7-1-14)T

- a. Previous complicated pregnancy; (3-29-10)
 - b. Previous cesarean section; (3-29-10)
 - c. Previous pregnancy loss in second or third trimester; (3-29-10)
 - d. Previous spontaneous premature labor; (3-29-10)
 - e. Previous pre-term rupture of membranes; (3-29-10)
 - f. Previous pre-eclampsia; (3-29-10)
 - g. Previous hypertensive disease of pregnancy; (3-29-10)
 - h. Parvo; (3-29-10)
 - i. Toxo; (3-29-10)
 - j. CMV; (3-29-10)
 - k. HSV; (3-29-10)
 - l. Previous maternal/newborn group b streptococcus infection; (3-29-10)
 - m. A body mass index of at least thirty-five (35.0) but less than forty (40.0) at the time of conception; (3-29-10)
 - n. Underlying family genetic disorders with potential for transmission; or (3-29-10)
 - o. Psychosocial situations that may complicate pregnancy. (3-29-10)
- 05. Conditions for which a Licensed Midwife must Facilitate Hospital Transfer.** (3-29-10)
- a. Conditions. A licensed midwife must facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the following disorders, diagnoses, conditions or symptoms: (3-29-10)

- i. Maternal fever in labor of more than 100.~~64~~ degrees Fahrenheit, in the absence of environmental factors; ~~(3-29-10)~~(7-1-14)T (3-29-10)
 - ii. Suggestion of fetal jeopardy, such as frank bleeding before delivery, any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, meconium with non-reassuring fetal heart tone patterns where birth is not imminent, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent; (3-29-10)
 - iii. Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless imminent delivery is safer than transfer; ~~(3-29-10)~~(7-1-14)T (3-29-10)
 - iv. Second stage labor after two (2) hours of initiation of pushing when the mother has had a previous cesarean section; (3-29-10)
 - v. Current spontaneous premature labor; (3-29-10)
 - vi. Current pre-term premature rupture of membranes; (3-29-10)
 - vii. Current pre-eclampsia; (3-29-10)
 - viii. Current hypertensive disease of pregnancy; (3-29-10)
 - ix. Continuous uncontrolled bleeding; (3-29-10)
 - x. Bleeding that necessitates the administration of more than two (2) doses of oxytocin or other antihemorrhagic agent; (3-29-10)
 - xi. Delivery injuries to the bladder or bowel; (3-29-10)
 - xii. Grand mal seizure; (3-29-10)
 - xiii. Uncontrolled vomiting; (3-29-10)
 - xiv. Coughing or vomiting of blood; (3-29-10)
 - xv. Severe chest pain; or (3-29-10)
 - xvi. Sudden onset of shortness of breath and associated labored breathing. (3-29-10)
- b.** Plan for Emergency Transfer and Transport. When facilitating a transfer under Subsection 356.05, the licensed midwife must notify the hospital when the transfer is initiated, accompany the client to the hospital, if feasible, or communicate by telephone with the hospital if the licensed midwife is unable to be present personally. The licensed midwife must also ensure that the transfer of care is accompanied by the client's medical record, which must include: (3-29-10)
- i. The client's name, address, and next of kin contact information; (3-29-10)
 - ii. A list of diagnosed medical conditions; (3-29-10)
 - iii. A list of prescription or over the counter medications regularly taken; (3-29-10)
 - iv. A history of previous allergic reactions to medications; and (3-29-10)
 - v. If feasible, the licensed midwife's assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer. (3-29-10)

c. **Transfer or Termination of Care.** A midwife who deems it necessary to transfer or terminate care pursuant to the laws and rules of the Board or for any other reason shall transfer or terminate care and shall not be regarded as having abandoned care or wrongfully terminated services. Before nonemergent discontinuing of services, the midwife shall notify the client in writing, provide the client with names of licensed physicians and contact information for the nearest hospital emergency room and offer to provide copies of medical records regardless of whether copying costs have been paid by the client. (7-1-14)T